ID NUMBER:					

# University Hospital, Geelong Emergency Medicine Trial Fellowship Exam Short Answer Questions (SAQ)

#### Week 26

#### **DIRECTIONS TO CANDIDATE**

- 1. Answer each question in the space provided in this question paper.
- 2. Do not write your name on this question paper.
- 3. Enter your examination number in the space below.
- 4. Cross out any errors completely.
- 5. Do not begin the exam until instructed to do so.
- 6. Do not take examination paper or materials from this room.
- 7. The booklet binder may be removed during the exam.

# QUESTION & ANSWER BOOKLET

# Question 1 (18 marks)

A 27 year old woman presents to your emergency department with left calf pain for the last 2 days. She underwent a left knee arthroscopy 10 days ago. She is otherwise healthy and takes no medications.

	a.	List four (4) features on examination that would increase your suspicion for pulmonary embolism. (4 marks)
1.		·
2.		
3.		
4.		
	b.	List four (4) positive ECG findings that would support the diagnosis of Pulmonary Embolism. (4 marks)
1.		
2.		
3.		
4.		

# **Question 1 (continued)**

	C.	List four (4) positive CXR findings that would support the diagnosis of Pulmonary Embolism. (4 marks)
1.		
2.		
3.		
4.		
	d.	State two (2) advantages in the performance of a CTPA versus a VQ scan for this patient. (2 marks)
1.		

# Question 1 (continued)

	e.	State four (4) indications for thrombolysis for Pulmonary embolism. (4 marks)
1.		
2.		
3.		
4.		

# Question 2 (12 marks)

An 8 month old boy presents with 4/24 of distress. You make a diagnosis of acute, suppurative otitis media.

	a.	List four (4) indications for immediate antibiotic treatment for this patient. (4 marks
1.		
2.		
3.		
4.		
	b.	Other than tympanic membrane perforation, list four (4) potential complications of acute, suppurative otitis media. (4 marks)
1.		
2.		
3.		

# Question 2 (continued)

	C.	List four (4) actions that you would take in the setting of suppurative, tympanic membrane perforation. (4 marks)
1.		
2.		
3.		
4.		

# Question 3 (12 marks)

A 3 year old boy presents with sudden onset stridor.

2 neck xrays are taken- refer to the prop booklet page 2.					
	a.	What is the diagnosis based on these xrays? (1 mark)			
	b.	State three (3) abnormal findings shown in these Xrays that support this diagnosis. (3 marks)			
1.					
2.					
3.					
•	C.	State two (2) important relevant negative finding on these xrays. (2 marks)			
1.					

2. \_\_\_\_\_

# Question 3 (continued)

	d.	What is the role of steroids in this condition? State three (3) points in your answer. (3 marks)
1		
2		
3.		
The p	atier	nt deteriorates and requires intubation.
	e.	List three (3) specific preparations that you would make prior to intubation for this patient. (3 marks)
1		
2		

# Question 4 (12 marks)

It is 2100 hrs in your urban district ED. An 18 year old man presents with left shoulder pain, sustained in an accidental fall less than 1 hour ago. After complete history and examination, he has an isolated shoulder injury. You suspect a shoulder dislocation.

a. Other than confirmation of the dislocation, state two (2) pros of pre-reduction x-

	rays in this setting. (2 marks)
·	
	b. State three (3) cons of pre-reduction x-rays in this setting. (3 marks)
• _	
• _	

# **Question 4 (continued)**

You opt for pre-reduction xrays.

Two xrays	are shown	in the p	rop bookle	et- refer p	age 3.
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c. State the diagnosis based o	on these xrays. (1 mark)
d. State one (1) commonly ass	sociated complication of this diagnosis. (1 mark)
Following your specific treatment, you	u deem that the patient may be suitable for discharge.
	ns prior to your discharge of this patient. (5 marks)
2	
4.	

# Question 5 (12 marks)

A 26 year old woman presents with an unconscious collapse.

She appears unwell and sign Her relevant vital signs are:	ificantly under	weight.	
The relevant vital signs are.	GCS	15	
	ВР	105/50	mmHg
	RR	20	bpm
	Temperature	36.8	°C
An ECG is taken- refer to	o the prop bo	ooklet page 4	<b>J.</b>
a. State two (2) abn			
1			
2			
b. List four (4) medi	cations that ma	y lead to these	e ECG changes. (4 marks)
1			
2.			
3.			
Δ			

# **Question 5 (continued)**

Whilst you are assessing the patient, she loses consciousness and loses her output. She is moved to a resuscitation cubicle with full external monitoring applied. ACLS is commenced.

#### A rhythm strip is taken- refer to the prop booklet page 5.

	c.	List six (6) immediate treatments that may be indicated for this patient. (6 marks
1		
2		
3		
4		
5		
6.		

# Question 6 (12 marks)

A 67 year-old woman who lives independently has been brought in after being found by her daughter on the floor of her shower. It appears that she has been there all night. She was well the day before.

1:4:1	- la	
initiai	observations:	

ВР	70/40	mmHg
RR	6	/min
GCS	7/15	(E-1 V-2 M-4)
Temperature	27° C	(aural)
SaO <sub>2</sub>	95%.	8L by Hudson mask

a.	List four (4)	positive ECG	findings that y	ou may ex	spect at this stage	. (4 marks)
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1.	 	 	
2.	 	 	
3.			
4.			

# **Question 6 (continued)**

b.	List four (4) methods that you would use to rewarm this patient. (4 marks)
C.	Other than for airway protection, state two (2) pros for intubating this patient. (2 marks)
d.	State two (2) cons for intubating this patient. (2 marks)

# Question 7 (12 marks)

A 67 year-old man presents to the ED with 12 hours of severe upper abdomination	al pain, f	ever,
nausea and vomiting. He appears jaundiced.		

Initial assessment:

He is exquisitely tender a	and guarded ir	n his epigastrium	and right upper	quadrant.
His vital signs are:				

BP	110/60	mmHg
HR	90	bpm
RR	22	bpm
Temperature	38.2	°C

	Other than pancreatitis, list three (3) likely differential diagnoses. (3 marks)
_	
ı	
	investigations are taken- refer to the prop booklet page 6.
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	State three (3) key interpretation facts with respect to these results. (3 marks)
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# **Question 7 (continued)**

	C.	List four (4) factors of this patient's presentations that predict severe disease. (4 marks)
1.		
_		
2.		
3.		
4.		
	e.	List two (2) limitations for the use of Ranson's criteria. (2 marks)
1.		

# Question 8 (12 marks)

You are the supervising emergency physician in a suburban emergency department. The Triage Nurse brings to your attention a distressed 16 year old girl he has just triaged. She is requesting the "morning after pill". You attend the patient. She reports that she was sexually assaulted the previous day by a male acquaintance.

	a.	List six (6) historical factors that are of key importance in your risk assessment. (6 marks)
1.		
2.		
3.		
4.		
5.		
-		
6.		

# **Question 8 (Continued)**

List four (4) issues with respect to emergency contraception for this patient. (4 marks)
List two (2) circumstances under which you would prescribe sexually transmitted infection prophylaxis immediately for this patient. (2 marks)

# Question 9 (18 marks)

A 35 year old woman is triaged into a monitored cubicle in your ED after taking an overdose of her mother's 'heart tablets'. It is confirmed that she has taken 15 x 240mg sustained release verapamil, 2 hours ago.

	a.	State three (3) historical factors that are of key importance. (3 marks)
1.		
2.		
3.		
	b.	What is your risk assessment of this overdose? State three (3) points in your answer (3 marks)
1.		
2.		
3.		

# **Question 9 (continued)**

C.	What is the mainstay of therap	by for this patient?	(1 mark)	
d.	What is the indication for the o	commencement of	this therapy?	(1 mark)
e.	What other therapy is effective	e as an antidote? (1	L mark)	
Soon	after your review, her observatio		120/10	
		BP	120/40	mmHg , .
		Pulse rate	80	/min
		RR	10	/min
		O2sats	97%	RA
		GCS	9	(E3, V3, M3)
f.	What is your risk assessment n	ow? State two (2)	points in your	answer. (2 marks)
1.				
2				
g.	What is the role of charcoal for marks)	r this patient? State	e three (3) po	ints in your answer. (3
1				
_				
2				
_				

# **Question 9 (continued)**

	h.	List three (3) other treatment modalities that may be utilised in the event of failure to respond to the treatments already stated. (3 marks)
1.		
2.		
3.		

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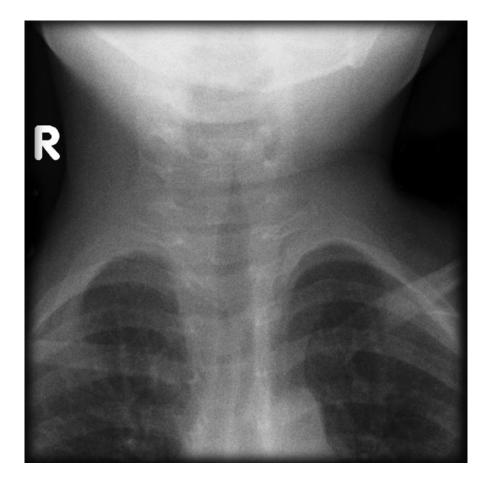
Week 26

**PROP BOOKLET** 





Xray 2



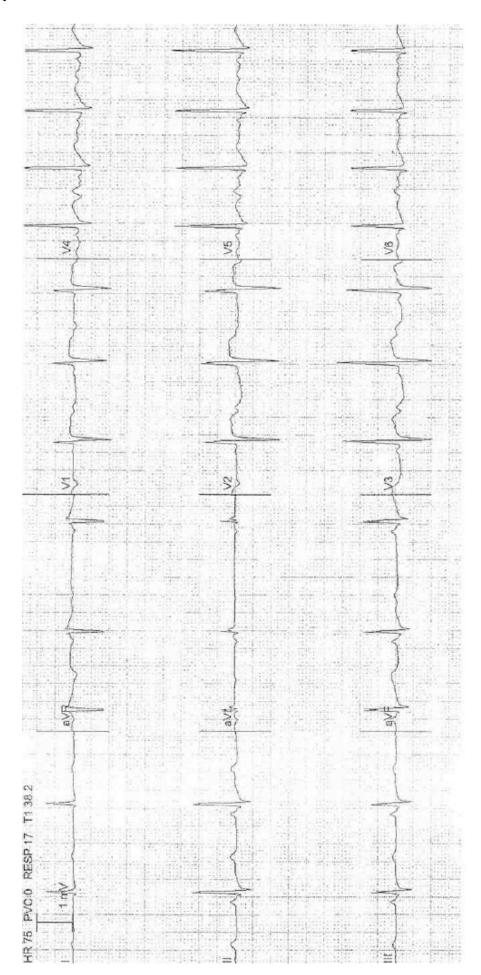
Xray 1



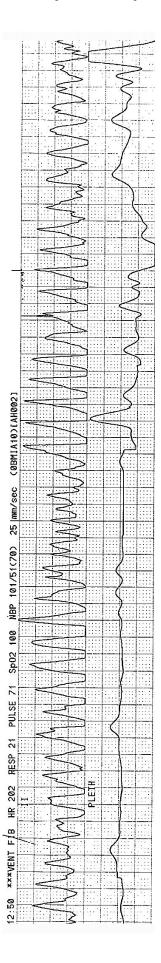
Xray 2



# 12 lead ECG



# Rhythm strip



# Question 7

# Reference range

Na	135	mmol/L	135 – 145
K	3.9	mmol/L	3.5 - 5.0
Cl	100	mmol/L	95 – 110
HCO3	27	mmol/L	20 – 31
Urea	4.1	mmol/L	2.7 – 7.8
Creatinine	62	mcmol/L	50 – 100
<b>C</b> reatiline	02		30 100
Anion gap	8	mmol/L	5 – 15
0 1		,	
Total protein	76	g/L	60 – 80
Total protein Albumin	76 44	g/L g/L	60 – 80 35 – 50
•	_	•	
Albumin	44	g/L	35 – 50
Albumin ALP	44 577	g/L IU/L	35 – 50 40 – 115
Albumin ALP ALT	44 577 972	g/L IU/L IU/L	35 – 50 40 – 115 <65
Albumin ALP ALT GGT	44 577 972 226	g/L IU/L IU/L IU/L	35 – 50 40 – 115 <65 <55